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APPLICANTS

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** CONTINUING DATA *****

This application is a DIV of 09/761,512 01/16/2001 PAT 6,592,617
 which is a DIV of 09/198,558 11/23/1998 PAT 6,342,068
 which is a CON of 08/920,542 08/27/1997 ABN
 which is a DIV of 08/640,091 04/30/1996 PAT 5,718,159

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/08/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MN	4	41	2
Verified and Acknowledged	<i>Paul Krebs</i> <i>ff</i> Examiner's Signature Initials				

ADDRESS

23452
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 55431

TITLE

Three-dimensional braided covered stent

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees (Filing)
<input type="checkbox"/> 1.17 Fees (Processing Ext. of
FILING FEE FEES: Authority has been given in Paper

RECEIVED 2128	No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	(time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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